

## Application Data Sheet

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Title:: REPOSITIONING AND REORIENTATION OF  
MASTER/SLAVE RELATIONSHIP IN MINIMALLY  
INVASIVE TELESURGERY

Attorney Docket Number:: 017516-001320US

Request for Early Publication:: No

Request for Non-Publication:: No

Total Drawing Sheets:: 40

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: WILLIAM

Middle Name:: C.

Family Name:: NOWLIN

City of Residence:: Los Altos

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1751 Oak Avenue

City of Mailing Address:: Los Altos

State or Province of mailing address:: CA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 94024

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: GARY  
Middle Name:: S.  
Family Name:: GUTHART  
City of Residence:: Foster City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 732 Chebec Lane  
City of Mailing Address:: Foster City  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: J. KENNETH  
Family Name:: SALISBURY  
Name Suffix:: JR.  
City of Residence:: Los Altos  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 371 Solana Drive  
City of Mailing Address:: Los Altos  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94022

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: GUNTER  
Middle Name:: D.

Family Name:: NIEMEYER  
City of Residence:: Mountain View  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 111 N. Rengstorff Ave., #135  
City of Mailing Address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94043

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional of	09/398,960	09/17/99
	Continuation-in-part of	09/374,643	08/16/99
	Provisional of	60/116,842	01/22/99
	Provisional of	60/116,891	01/22/99
	Provisional of	60/109,359	11/20/98

### **Assignee Information**

Assignee Name:: Intuitive Surgical, Inc.  
Street of mailing address:: 1340 W. Middlefield Road  
City of mailing address:: Mountain View  
State or Province of mailing address:: California  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94043